SOCIAL ISOLATION WITH A FOCUS ON EQUITY

2020 REPORT
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State Advisory Council on Aging

Report to the Michigan Commission on Services to the Aging

Michigan Commission on Services to the Aging

The Michigan Commission on Services to the Aging (CSA) is a 15-member, bipartisan body appointed by the governor. The CSA advises the governor, the Michigan legislature, and the Michigan Department of Health and Human Services (MDHHS), Aging & Adult Services Agency (AASA) on matters relating to policies and programs for older adults. Members are appointed for three-year terms, and membership reflects the distribution and composition of the state's older population. A majority are age 60 and over, and no more than eight members are from the same political party.

Working in close collaboration with AASA, the CSA approves funds for services statewide; participates in preparation of the multi-year state plan required as a condition of federal funding; determines aging policy; serves as an advocate for older adults in government decisions; holds public hearings across the state; and appoints a 40-member State Advisory Council on Aging (SAC) to advise state-level decision-making.

State Advisory Council on Aging

The 40-member SAC is appointed by the CSA to represent the needs and interests of local communities providing sage advice on vital state issues and policies impacting Michigan's older and vulnerable adults. The council researches important topics assigned by the commission to inform Michigan's older adults, the aging network, and state government.

SAC Leadership | Workgroup Leads | Writing Team

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*This report is dedicated to the State Advisory Council's Co-Vice Chair, Don Ryan, who sadly passed away in July 2020. He was an active member, and his presence is greatly missed.

Executive Summary

Social isolation has a major impact on the health status and well-being of older Michiganders. The Michigan Commission on Services to the Aging issued its yearly charge to the Michigan State Advisory Council on Aging to investigate the impact of social isolation on Michigan's older adults, with a special emphasis on equity. The pandemic of 2020 was unprecedented, bringing into sharp focus the effects of social isolation.

A person's health, well-being, and lifespan are affected by social isolation. The National Institute on Aging, as part of a major federal research initiative, is studying how loneliness can trigger processes leading to health risks such as heart disease, obesity, weakened immune system, anxiety, depression, cognitive decline, and Alzheimer's disease. In a 2019 American Cancer Society study of more than 580,000 adults, researchers found that **social isolation increased the risk of early death from all causes for all groups**.

After the events of 2020, many Michiganders experienced the impact of social isolation. The COVID-19 pandemic revealed the inequities in the conditions and systems in which people are born, grow, live, work and age that influence the health and well-being of individuals and communities. These inequities include racism and discrimination, social connectedness and safety, access to reliable transportation, available and affordable broadband/internet service, affordable and user-friendly technology, quality education, water quality, criminal justice, safe and affordable housing, job security, availability of nutritious food, availability of health services, and other factors affecting health and well-being. Addressing **Social Determinants of Health** is fundamental to reducing social isolation and loneliness. These social factors have a profound impact on health and influence the opportunities available to older adults to practice behaviors that address the impact of social isolation.

Increasing engagement in social and community groups is a common intervention strategy to increase interaction to help reduce isolation and loneliness. The amazing expansion of virtual programming in the past year has had many positive effects on efforts to decrease social isolation and loneliness among older adults. Virtual programming can lower barriers to participation imposed by transportation and mobility challenges and increase opportunities for communication and learning far beyond the resources of local place-based programming. For example, AASA worked with *GetSetUp* to make its live interactive platform and community available statewide.

Many Michiganders, however, do not have adequate access to the internet, broadband, or computers/tablets. Many rural areas and certain urban districts are hampered in accessing telehealth, online learning, and video activities by unreliable and inconsistent broadband access. Michigan needs to create and implement solutions to broadband and digital technology gaps.

The full 2020 State Advisory Council Report may be found at: https://bit.ly/3BUmNVj